MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE 10/595862 APPLICANT(S) FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER AS FILED AFTER AFTER 1"AMENDMENT AS FILED 2 [™] AMENDMENT I" AMENDMENT 2 MAMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP.

TOTAL IND.

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